



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
AMARAL	ANNELLE	C.	589-1156 x224
MAILING ADDRESS (Street)			FAX
1350 S King St Suite 309			589-1404
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Planned Parenthood of Hawaii			589-1156
MAILING ADDRESS (Street)			FAX
1350 S. King St # 309			589-1404
(City)	(State)	(Zip Code)	
Hon	HI	96814	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Planned Parenthood of Hawaii	589-1156	
MAILING ADDRESS (Street)	FAX	
1350 S. King St. # 309	589-1404	
(City)	(State)	(Zip Code)
Hon	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Lenny Hughes	589-1156 x241	
MAILING ADDRESS (Street)	FAX	
1350 S. King St # 309	589-1404	
(City)	(State)	(Zip Code)
Hon	HI	96814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Cennelle C. Canard
(Signature of Lobbyist)

3/22/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
BARRY RAFF		Chief Exec. Officer	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Planned Parenthood of Hawaii		589-1156 x223	
MAILING ADDRESS (Street)		FAX	
1350 S. King St. #309		589-1404	
(City)	(State)	(Zip Code)	
Hon	HI	96814	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>[Signature]</u> (Signature of Authorizing Officer or Person Represented)		<u>3/21/05</u> (Date)	